TRUSTEE-TO-TRUSTEE TRANSFER TO THE ICMA RETIREMENT CORPORATION PACKET



Use this packet to:

- Transfer From an Account at Another Financial Organization (Non ICMA-RC Account) to a 457 Plan or 401 Plan Account at ICMA-RC
- Transfer From An Existing ICMA-RC Account to a 457 Plan or 401 Plan Account at ICMA-RC

Do not use this packet to:

- Transfer From an Existing ICMA-RC Account to Another Financial Organization
- Transfer To an ICMA-RC IRA

This packet includes:

- Before You Begin: Basic Instructions
- Form #1: Trustee-to-Trustee Transfer to ICMA Retirement Corporation Form
- Form #2: Transfer from ICMA-RC to ICMA-RC Form
- Trustee-to-Trustee Transfer to ICMA Retirement Corporation Instructions
- Waiver of Qualified Joint and Survivor Annuity Form
- Special Tax Notice Regarding Plan Payments

BEFORE YOU BEGIN:

Basic Instructions

Step 1: If you are transferring FROM another financial institution, please contact them about additional documentation they require to transfer money to ICMA-RC.

Ask this question to your former plan provider:

I wish to transfer my account to my current Retirement Plan. Do I need forms from you to complete the transfer?

| If the provider states: | Go To: |
|--|---|
| Yes (former provider forms are needed) | Get former provider forms and complete with ICMA-RC Form #1 |
| No. (ICMA-RC forms are all that is needed) | Form #1 |
| For transfers between two ICMA- | RC plans, please complete Form #2. |

- **Step 2:** Please provide ICMA-RC with a copy of your **driver's license** and a **copy of the most recent statement** from your former provider.
- **Step 3:** Please have your **current employer sign the ICMA-RC form**, and be sure to sign and date the form you complete.
- **Step 4:** If you would like a copy for your records, please photocopy all completed forms before mailing originals to ICMA-RC.
- **Step 5:** If you have questions, or would like an associate to walk you through the forms and requirements, please call Investor Services at 1-800-669-7400. En Español llame al 1-800-669-8216.

Please Note: If you would like to establish a Vantagepoint IRA on-line, please visit us on the Web at www.icmarc.org. Otherwise, please call ICMA-RC at 1-800-669-7400 for an enrollment kit.

SPECIAL NOTICE FOR TRANSFERRING FUNDS

Please read the following instructions carefully

Please Note: Use the enclosed return envelope for the Trustee-to-Trustee Transfer To ICMA-Retirement Corporation forms only. Please send any checks to the addresses listed below:

If you are transferring funds to a 457 Plan:

Send checks to: Send wire transfers to:

Vantagepoint Transfer Agents/457 M & T Bank C/o M & T Bank ABA #022000046

P.O. Box 64553 Vantagepoint Transfer Agent/457

Baltimore, MD 21264-4553 Account # 42538001

Please reference: 30XXXX (six-digit plan # beginning with "30' specified in Section 2 of the Trustee-to-Trustee to ICMA-RC Form), investor name and SSN on check/wire.

If you are transferring funds to a 401 Plan:

Send checks to: Send wire transfers to: Vantagepoint Transfer Agents/401 M & T Bank

C/o M & T Bank ABA #022000046

P.O. Box 64668 Vantagepoint Transfer Agent/401

Baltimore, MD 21264-4668 Account # 42537981

Please reference: 10XXXX (six-digit plan # beginning with "10' specified in Section 2 of the Trustee-to-Trustee to ICMA-RC Form), investor name and SSN on check/wire.

FORM # 1: Transfer from another financial institution to ICMA-RC.

Step 1: Use this form when the other financial institution will accept ICMA-RC transfer paperwork or require ICMA-RC paperwork in addition to theirs.

Step 2: Return form to ICMA-RC (in the envelope provided) along with:

- a. A copy of your **driver's license**
- b. A copy of the statement from your former provider.

Section 1: Complete section 1 with your personal information.

Section 2: Complete section 2 by indicating the 457 or 401 account number and the employer's name of the account you are **transferring to.**

Section 3a: Transferring From

Please indicate the type of account from which you wish to transfer.

Roth IRAs are not listed as an option for transfer because IRS rules do not allow Roth IRAs to be transferred to 457 or 401 plans.

Note: For 457 transfers containing non-457 assets, the transferring financial organization must detail the 457 versus non-457 assets on the check. Non-457 assets rolled into 457 plans must be tracked separately since these assets may be subject to the 10% early distribution penalty upon later withdrawal. If no breakdown is provided, ICMA-RC will consider the entire transfer 457 assets.

Section 3b: Transferring From a 401 Account With After-Tax Contributions

If your account has been funded entirely by pre-tax (i.e. tax deductible) contributions, do not complete Section 3b.

After-tax contribution (basis) is the amount of after-tax assets you have contributed to or rolled into the From account excluding any associated earnings or losses on those contributions.

Please designate the percent of after-tax contribution (basis) that should be transferred. If no percentage is provided, 100% will be transferred. The transferring financial organization must document the after-tax contribution (basis) on the check to ICMA-RC. If you believe you have an after-tax contribution (basis), please designate the after-tax "type" and dollar amount. If there is a difference between the transferring financial organization's records and your records, ICMA-RC will use the amount provided by the transferring financial organization. If no after-tax contribution (basis) is provided, ICMA-RC will consider the entire transfer to be pre-tax.

Please Note: Only 401 plan to 401 plan transfers allow after-tax contribution (basis) transfers. In all other cases, the after-tax contribution (basis) should be sent directly to you in a check by the transferring financial organization.

Please complete the transfer amount information by indicating whether you wish to transfer the total value of your account or a portion of your account. Please indicate the dollar amount and funds you wish to transfer if it is the entire account.

Please indicate the estimated transfer amount.

Section 4: Investment Allocation

Please indicate how you wish to allocate your transferred assets among the investment options available in your ICMA-RC plan. Your allocation must be in whole percentages among the eligible fund choices for the plan into which you are transferring (see the attached *Fund Options Sheet* for fund codes). Allocations must total to 100%. If the allocation does not total to 100%, the remainder will be allocated to the employer default fund for your plan.

If no contribution allocation is on file, your transfer will be invested in your employer-selected default fund.

Please consult the current prospectus and *Making Sound Investment Decisions: A Retirement Investment Guide* carefully prior to investing any money.

Section 5: Investor Signature

By signing this form, you are attesting to the following: I have received and read the current VantageTrust's Making Sound Investment Decisions: A Retirement Investment Guide and the applicable prospectus for my investments.

As required by law and under penalty of perjury, I certify that the Social Security Number (taxpayer identification number) I provided for myself is correct.

I acknowledge that any outstanding loan(s) will default as outlined in my employer's plan.

I acknowledge that I received and reviewed the *Special Tax Notice Regarding Plan Payments*, and I hereby waive the "reasonable waiting period" required under IRS rules regarding payments from my retirement plan.

I hereby agree to indemnify the custodian ICMA-RC (its agents, affiliates, successors and employees) and Investors Bank and Trust, ICMA-RC Services and their affiliates from any and all liability resulting from my failure to meet any IRS requirements.

For investors transferring From an ICMA-RC 401 plan. All married participants transferring From an ICMA-RC 401 Plan must have their spouse complete the <u>Waiver of Qualified Joint and</u> Survivor Annuity Form.

Section 6: Employer Authorization for Transferring To

By signing this section, your employer or former employer authorizes that you are eligible to transfer To the account in Section 2.

Section 7: Signature Guarantee

A Signature Guarantee may be required for transfers out of your existing accounts. The lack of a required signature guarantee may delay the processing of your transfer request. Signature Guarantees can be obtained at most local banks.

Section 7a. ICMA-RC Use Only. Rep signs when driver's license has be verified.

Section 7b. Rep comments. For internal use only.

Section 8. ICMA-RC/ICMA-RC Services Authorization

This section verifies to the transferring trustee or custodian that ICMA-RC maintains an eligible 457 or 401 plan which is eligible to receive transfers.

Section 9. Check/Wire Instructions.

Important Note

If you are a new participant in the ICMA-RC plan into which you are transferring assets, please complete and send the appropriate enrollment form for your plan (included in this package). If you do not have an enrollment form, please call ICMA-RC at 1-800-669-7400.

Once ICMA-RC receives the necessary forms, we will handle the rest. We will contact you if more information is needed and we'll contact the other provider to initiate the transfer.

Please mail your completed forms to:

ICMA-RC PO Box 96220

Washington, DC 20090-6220

For additional questions, please call ICMA-RC at 1-800-669-7400.



Trustee-to-Trustee Transfer To ICMA-RC Form: Form #1 - Page 1 of 3

- Use this form to request a direct trustee-to-trustee transfer of assets from your existing employer retirement plan (401 defined contribution, 401 defined benefit, 403(b), 457), or Traditional or Conduit or SEP IRA to an ICMA-RC 457 or 401 plan. Do not use this form to request a transfer to a Vantagepoint IRA.

 If you are new to the ICMA-RC plan you are transferring into, you must also complete the appropriate enclosed enrollment form.

| 1 Personal | Name (Last, First, MI) | | | | |
|----------------------------------|---|-------------------------------|-------------------------|--|---------------------|
| Information | Social Security Number | Date of Birth (mm-dd-yyy | y) Dayti | me Phone Number | |
| | Mailing Address/Street | | Mari | ital Status Married S | Single |
| | City | | | State Zip Code | _ |
| 2 | I want to transfer assets to my ICMA-RC: (Check only one box. Each transfer requires a separate form.) | | | | |
| Transferring | 457 Plan Account Number: 3 | 0 Employer | Plan Name | | |
| То | 401 Plan Account Number: 1 | 0 Employer | Plan Name | | |
| | I request a liquidation and transfer of my assets from my: (Check only one box. Each transfer requires a separate form.) | | | | |
| Transferring From | Transferring From Trustee/Custoo | dian Name: | | | |
| (must be | Transferring From Employer Plan | Name (if applicable): | | | |
| completed for all | Transferring From Trustee/Custodian Phone Number: | | | | |
| transfers) | Transferring From Trustee/Custodian Address: | | | | |
| | Transferring From Plan/IRA Accou | unt Number: | | | |
| | Account Type: | | | | |
| | Non ICMA-RC 457 plan acco | ount \square | Non ICMA-RC 403(b |) plan account | |
| | □ Non ICMA-RC 401 plan account □ Non ICMA-RC Other: | | | | |
| | Non ICMA-RC Traditional or | r Conduit or SEP IRA | | | |
| | Note to Transferring Financial Organ breakdown on the check. | ization: For 457 transfers co | ntaining non-457 asse | ets, please document the | 457 versus non-457 |
| 3b | I wish to liquidate and transfer: | Estima | ted Transfer Amount | \$ | |
| Complete This Section Only if | My entire account | t OR The follow | ng portion of my acco | ount in the manner specif | fied below: |
| Transferring From a 401 | Fund Name | Dollar Amount | Fund Name | | Dollar Amount |
| Account With After-Tax | 1) | | | | |
| Contributions | For 401 to 401 Transfers Only:% of my after-tax contribution (basis) should be transferred. If the percentage is left blank, 100% of my after-tax contribution (basis) will be transferred. | | | | |
| | The transferring financial organization records, please designate the "after" | | nt: Type 🗖 Volun | s) on the check to ICMA-I tary \$ atory \$ | RC. To verify their |
| | For 401 to non-401 Transfers: Transfer directly to you. | ers of after-tax contribution | s (basis) are not allow | ed. Any after-tax contribu | ution will be sent |

(EXTERNAL)



Employer Plan Number

Trustee-to-Trustee Transfer To ICMA-RC Form: Form #1 - Page 2 of 3

Social Security Number

| Building Retirement Sc | ecurity | | | | | |
|-------------------------------|--|--|---------------|------------------|------------------|----------------------|
| 4 | I wish to invest my transferred assets in the following funds: | | | | | |
| Investment Allocation | Allocate your transferred assets in percentages among the available fund choices. Allocation percentages must total 100 percent . If the allocation does not add up to 100 percent then the remainder will be allocated to the employer default fund. If you do not select a transfer allocation or you select all invalid funds, your transfer will be invested based on your standing payroll deduction contribution allocation for 457 plans or the default fund selected by your employer for 401 plans. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts. | | ALLOCATION | | | |
| | | | Code | Percent | Code | Percent |
| | State law, local law, or your employer may place restrictions on investment in these funds. | SEE THE FUND OPTIONS SHEET FOR FUND CODES | | | | TOTAL = 100% |
| | Please consult the current prospectus and investing any money. | Please consult the current prospectus and <i>Making Sound Investment Decisions: A Retirement Investment Guide</i> carefully prior investing any money. | | | | |
| 5 Investor Signature | I enocified in Section 2 to liquidate and transfer my existing account to the ICMA DC account enocified in Sec | | | | efit, 403(b), 45 | 7) or IRA |
| | Signature | Dat | te/_ | / | (mm-dd-yy | уу) |
| | Note: If you are married and transferring of Qualified Joint and Survivor Annuity Fo | From an ICMA-RC 401 acco orm. | ount, you and | d your spouse r | must sign the a | tached <u>Waiver</u> |
| 6 Employer | Please obtain signature of the employer sponsoring the plan into which you are transferring assets. | | | | | |
| Authorization for Transfer To | Current Employer Authorization | | _ | // | (r | nm-dd-yyyy) |
| 7 | Signature Guarantee | | | | | |
| Signature Guarantee | Please check with your current custodian/ lack of a required signature guarantee cou | | gnature guar | antee is require | ed to process th | nis transfer. The |
| | Authorized Officer to Place Stamp Here | Guarai | ntor | | | |
| | | Title | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Employer Plan Number

Trustee-to-Trustee Transfer To ICMA-RC Form: Form #1 - Page 3 of 3

Social Security Number

| Dutaing Retirement | | |
|---|---|--|
| 7a ICMA-RC Use ONLY | Representative that verified ID | /// |
| 7b Rep Comments - for Internal Use Only | | |
| 8 ICMA-RC/ICMA-RC Services Authorization (Please Do Not Complete) | ICMA-RC/ICMA-RC Services hereby attests that it mai and will accept the above referenced transfer of asset Authorized Signature, ICMA-RC/ICMA-RC Services | ntains an eligible 457 or 401 plan account for the above named individuals. Secretary Title |
| 9 Check/Wire Instructions for Former Trsustee/ Custodian | follow the appropriate instructions. 457 Plan Send checks to: Vantagepoint Transfer Agents/457 C/o M & T Bank P.O. Box 64553 Baltimore, MD 21264-4553 | e being transferred to a 457 plan or 401 plan account and Send wire transfers to: M & T Bank ABA #022000046 Vantagepoint Transfer Agent/457 Account # 42538001 with "30" specified in Section 2), investor name and SSN on check/wire. Send wire transfers to: M & T Bank ABA #022000046 Vantagepoint Transfer Agent/401 Account # 42537981 |
| | Please reference: 10XXXX (six-digit plan # beginning | with "10" specified in Section 2), investor name and SSN on check/wire. |

FORM # 2: Transfer from one ICMA-RC plan to another ICMA-RC plan.

Use this form when you are transferring from one ICMA-RC plan to another ICMA-RC plan.

Section 1: Complete with your personal information.

Section 2: Please indicate the account where assets are to transfer.

Section 3: Please indicate the account in which you wish to transfer from.

Section 4: Complete with the amount or percentage of the account you wish to transfer.

Section 5: Complete with the investment allocations once the transfer has occurred.

Section 6: Please provide your signature as well as current and previous Employer signatures.

If applicable, please review and complete the **401 Notice, Explanation and Waiver of Qualified Joint and Survivor Annuity Form**. This form applies to all married participants in Money Purchase Plans, and to married participants in Profit Sharing Plans with full spousal rights. IRS requires the submission of this form within 90 days prior to the beginning payment date of the participant's initial distribution or loan request.

Mail form to:

ICMA-RC PO Box 96220 Washington, DC 20090-6220

For additional questions, please call ICMA-RC at 1-800-669-7400.



Transfer from ICMA-RC to ICMA-RC Form: Form #2

Use this form to request a direct trustee-to-trustee transfer of assets from one ICMA-RC plan to another ICMA-RC plan. Do not use this form to request a transfer to a Vantagepoint IRA.
 If you are new to the ICMA-RC plan you are transferring into, you must also complete the appropriate enclosed enrollment form.

| 1 Personal | Name (Last, First, MI) | | | | | | |
|----------------------------------|--|---|-----------------|----------------------|------------------|------------------|--|
| Information | | | Day | Daytime Phone Number | | | |
| | Mailing Address/Street | | Ma | rital Status | Married Sino | yle | |
| | City | | | State Zip | Code | | |
| 2 Transferring | I want to transfer assets to my ICMA-RC: (C | | | , | | | |
| То | 457 Plan Account Number: 3 0 401 Plan Account Number: 1 0 | | | | | | |
| 2 | I want to transfer assets from my ICMA-RC: | (Check only one box. Each | transfer requ | ires a separa | te form.) | | |
| 3 Transferring From | 457 Plan Account Number: 3 0 401 Plan Account Number: 1 0 Existing Vantagepoint IRA Account Nur | Employer Plan I | Name | | | | |
| 4 | I wish to liquidate and transfer: | | | | | | |
| Transfer Amount | My entire account OR | - · | • | count in the | manner specifie | | |
| | Fund Name 1) | | nd Name | | | Dollar Amoun | |
| | 2) | | | | | | |
| | For 401 to 401 Transfers:% of my 100% of my after-tax contribution (basis) wi | | is) should be t | ransferred. It | f the percentage | is left blank, | |
| | For 401 to non-401 Transfers: Transfers of a directly to you. | ofter-tax contributions (basi | s) are not allo | wed. Any aft | er-tax contribut | ion will be sent | |
| 5 Investment Allocation | a transfer anocation or you select an invalid runus, your transfer will be invested based on your standing payron deduc | | | | | ou do not select | |
| | percent, not 35 % percenty. Bo not use fixed dollar amounts. | | | ALLOCATION | | | |
| | State law, local law, or your employer may prinvestment in these funds. | place restrictions on | Code | Percent | Code | Percent | |
| | Please consult the current prospectus and | SEE THE FUND OPTIONS SHEET FOR FUND CODES | | | | | |
| | Making Sound Investment Decisions: A Retirement Investment Guide carefully | | | | | | |
| | prior to investing any money. | | | TOTAL = 100% | | | |
| 6 Investor Signature | I acknowledge that I have read and agree to the disclosures in this section's instructions following this form. I authorize and request the custodian of my existing retirement plan (401 defined contribution, 401 defined benefit, 403(b), 457) or IRA specified in Section 3 to liquidate and transfer my existing account to the ICMA-RC account specified in Section 2. | | | | | | |
| | Employee Signature | | | Date | | | |
| | Current Employer Authorization | | | _ [| Date | | |
| | Previous Employer Authorization (Required for tr | ransfer from one employer to a | another) | - [| Date | | |
| | Participant's Termination Date/ | /(mm-dd- | -уууу) | Vesting | | % | |
| | Note: If you are married and transferring <u>Fr</u> of Qualified Joint and Survivor Annuity For | | nt, you and yo | our spouse m | | | |
| | | | | | | (INTERNAL) | |



669-7400.

401 NOTICE, EXPLANATION AND WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY

- This form applies to all married participants in Money Purchase Plans, and to married participants in Profit Sharing Plans with Full Spousal Rights.
- Submit this form within 90 days prior to the beginning payment date of the participant's initial distribution or loan request. This is an IRS requirement.

IF YOU ARE MARRIED ON THE DATE A DISTRIBUTION OCCURS: Federal law stipulates that the General distribution you receive must be in the form of a Qualified Joint and Survivor Annuity. With your Instructions spouse's consent, you may choose a different distribution of benefits. You and your spouse must complete the Waiver of Qualified Joint and Survivor Annuity and send it in with your distribution request. IF YOU ARE NOT MARRIED: Federal law provides that your distribution be in the form of a life annuity. You may elect an alternate form of payment. You do not need to complete this form or read its provisions unless you are interested in information on annuities. Qualified IF YOU ARE MARRIED: Under this form of payment, you will receive an annuity in the form of a Joint and quaranteed level monthly payment for as long as you live. If your spouse survives you, he or she will Survivor receive monthly payments equal to at least 50 percent of the payments you received. After both you Annuity and your spouse die, all payments cease. No further payments from this annuity will be made to any other beneficiaries of your estate. IF YOU ARE NOT MARRIED: A lifetime annuity will provide equal monthly payments as long as you live. Payments will cease with your death. The plan will purchase, with your account balance, a Joint and Survivor Annuity or life annuity from an insurance company. The ICMA Retirement Corporation makes available annuities from two leading insurance companies. The amount of your monthly payment will depend on factors including: the ages of you and your spouse at the time the distribution begins; the amount of your vested account balance (which will be used to purchase the annuity); the underlying interest rate assumed for the annuity by the insurance company; and the state in which the purchase will be made. Any insurance company charges incurred for the purchase of the annuity will be deducted from your account. You are advised to obtain the annuity payment estimate prior to executing this waiver. Waiver **Election** If you are married, you may waive the Joint and Survivor Annuity form of payment by executing the Waiver of Qualified Joint and Survivor Annuity. Your spouse must consent to the waiver and selec-Married tion of payment method by signing the Spousal Consent section of the waiver. Your spouse's signa-**Participants** ture must be witnessed by a notary public or your employer's plan representative. The waiver is valid only if executed within the 90-day period ending on the proposed payment date. The waiver election may be revoked or changed during this period. Legal separation or divorce may end your right to survivor benefits from the plan even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to obtain a special court order (called a qualified domestic relations order or QDRO) that would give you rights to receive retirement benefits even if you sign this agreement. If you are thinking about separating or getting a divorce, you should obtain legal advice on your rights to benefits from the plan. **Financial** You and your spouse (if applicable) may select alternative payment forms which include: a one-time Effect of lump-sum payment; periodic payments from your account balance; or an alternative annuity form (for Waiver example, a lifetime benefit with a minimum payout of 10 years). **Election** Certain distributions may be eligible for favorable tax treatment including a rollover to another eligible retirement plan or Individual Retirement Account (IRA). Please see the Special Tax Notice Regarding Plan Payments for additional information. You may obtain this Notice by contacting ICMA-RC at 1-800-



401 NOTICE, EXPLANATION AND WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY

| Financial Effect of Waiver Election (continued) | Periodic payments may be scheduled on a monthly, quarterly, semi-annual or annual basis and continue until the account is exhausted. You may vary the schedule according to your changing needs, within certain Internal Revenue Code constraints. You will not pay taxes on the money until it is paid to you. Earnings continue to accrue in the account, tax-deferred. If there is a remaining account balance at the time of your death, the balance will be paid to your designated beneficiary(ies) (unless you have chosen a lifetime annuity). |
|---|--|
| | You may also choose to take a portion of your account value in a lump sum or annuity with the balance paid out in periodic payments. |
| | TO THE PARTICIPANT'S SPOUSE: If you do sign this waiver, you agree that the Participant (your spouse) can request a loan or choose the form of benefit payments that he or she will receive from the plan without telling you and without getting your agreement. Your spouse does not need to tell you or get your agreement to any future changes in the form of payments. If you wish to revoke your consent at a future date, you must call ICMA-RC at 1-800-669-7400. |
| | You may limit your agreement to a particular payment form. If you want to allow the Participant to select only a particular payment form, do not sign this form. In that case, contact ICMA-RC for more information. |
| Normal Beginning Distribution Date | If the account balance is \$1,000 or more, ICMA-RC will not commence distribution without the Participant's consent, unless an IRS minimum withdrawal is required (e.g., when the Participant reaches age 70 1/2 and separates from service). |
| Deferral of Distribution | The plan allows you to begin payments as late as April 1 of the year following the year in which you reach age 70 1/2, or, if later, the year in which you actually retire. If you wish to delay payments, you may name a beginning distribution payment date later than normal retirement age, but no later than the time frame described in this paragraph. |
| What To Do? | SPOUSE: This is a very important decision. You should think very carefully about whether you want to sign this waiver. Before signing the waiver, be sure that you understand the retirement benefits to which you will no longer be entitled. Your spouse should have received information on the types of retirement benefits available from the plan. If you have not seen this information, you should obtain it and read it before you sign this waiver. |
| | PARTICIPANT: For further information or assistance, please contact ICMA-RC's Investor Services associates toll-free at 1-800-669-7400. |



WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY

- This form applies to all married participants in Money Purchase Plans, and to married participants in Profit Sharing Plans with Full Spousal Rights.
 Submit this form within 90 days prior to the beginning payment date of the participant's initial distribution or loan request. This is an IRS requirement.

| Participant | Employer Plan Number Employer Plan Name |
|--|---|
| Information | |
| | Full Name of Participant |
| | Last First M.I. |
| | Social Security Number Daytime Phone Number |
| | |
| Participant's Authorized Signature | I have made an election for distribution of benefits in a form other than a Qualified Joint and Survivor Annuity. The plan administrator has provided me with a written explanation of the effect of this election, my right to waive the joint and survivor payment form and the financial effect of selecting an alternate payment form. I understand that this election is revocable up until the beginning distribution date, and anytime thereafter for assets that are not yet distributed. |
| | I hereby waive the distribution of plan benefits in the form of a Qualified Joint and Survivor Annuity ("QJSA"). I hereby waive the QJSA 30-day notice period under Internal Revenue Code sections 401(a)(11) and 417(a)(7). |
| | Signature of Participant Date |
| Consent of Spouse | I, |
| | Signature of Spouse of Participant |
| Witnessed by: | Signature of Spouse witnessed thisday of, 20 |
| Employer's | |
| Plan Representative | Employer's Plan Representative |
| OR | Subscribed and sworn to before me thisday of, 20 |
| Notary Public | Notary Public My commission expires |
| | (SEAL) |

ICMA RETIREMENT CORPORATION
P.O. BOX 96220
WASHINGTON, DC 20090-6220
1-800-669-7400
EN ESPAÑOL LLAME AL 1-800-669-8216
WWW.ICMARC.ORG